



CITY OF GLOUCESTER
GLOUCESTER • MASSACHUSETTS • 01930

Inspectional Service Department
D.B.A. Zoning Compliance Form

Name: _____

Address: _____

Home Phone: _____

Nature of Business: _____

Do you own this residence? Yes _____ No _____
If no we will require written permission from your landlord for said business.

Will you have any clients coming to your house? Yes _____ No _____

Will you have any employees? Yes _____ No _____

Will you have any major deliveries? Yes _____ No _____

Notes:

Please note: **NO EXTERNAL ADVERTISING**

OFFICE USE ONLY:

Okay to issue _____ Date: _____
Building Inspector

Map _____ Lot _____